



Washington
Department of
**FISH and
WILDLIFE**

Raptors-Only Rehabilitation Permit Application

Please return your completed application to: Washington Dept. of Fish & Wildlife, Wildlife Rehabilitation Manager, 16018 Mill Creek Blvd, Mill Creek WA 98012. There is no permit fee.

Raptor Rehabilitation Permits are valid for 3 years from the date your permit was issued. Pursuant to RCW 77.12.469 and WAC 232-12-841, you must renew your permit every 3 years by submitting this application to the WDFW.

PERMIT RENEWAL APPLICATIONS MUST BE SUBMITTED ONE MONTH IN ADVANCE OF THE EXPIRATION DATE OF YOUR PERMIT.

PLEASE CHECK TYPE OF APPLICATION:

☐

First-time Initial Application

☐

3-Year Permit Renewal Application

WDFW Raptor Rehabilitation Permit Number:

1. Applicant and Facility Information

Applicant Name (Last)		(First)		(Middle)	
Home Address		City	State	Zip	
Facility Name		County where Facility is located			
Facility Address (Physical)		City	State	Zip	
Facility Address (Mailing)		City	State	Zip	
Home Phone	Facility Contact Phone		Cell Phone		
Personal e-mail Address		Facility e-mail Address			
Applicant Birth Date (Initial Applicants only)					

Which telephone number(s) do you want listed on the WDFW Wildlife Rehabilitators Web Site? (You must have **at least one** on the website.):

Home _____ Facility _____ Cell _____

Would you like the facility address listed on the website?

YES, I want the facility address on the website _____

NO, I do not want the facility address on the website _____

To which Wildlife Rehabilitation Organizations do you belong (please check)?

Washington Wildlife Rehabilitation Association _____

National Wildlife Rehabilitators Association _____

International Wildlife Rehabilitation Council _____

2. *Initial Applicants only: SPONSORING WASHINGTON LICENSED REHABILITATOR*

Sponsoring Raptor Rehabilitator Name	
Facility Name	
Facility Address	
Contact Phone	e-mail Address

All Washington Wildlife Rehabilitators are required to have a Principle Veterinarian who oversees all wildlife veterinary care.

3. *SUPERVISING VETERINARIAN*

Initial Applicants: please attach the signed Agreement from your Principle Veterinarian.

Principle Veterinarian	
Hospital/Clinic Name	
Hospital/Clinic Address	
Phone	e-mail Address

Alternate Veterinarian (not required)	
Hospital/Clinic Name	
Hospital/Clinic Address	
Phone	e-mail Address

4. *USFWS MIGRATORY BIRD PERMITS (new applicants may not have this yet)*

A federal permit is required to rehabilitate migratory birds. List the type of federal permit and permit number that you currently hold. Check N/A if you do not have any migratory birds for education.

For a Federal Migratory Bird Permit see <http://www.fws.gov/pacific/migratorybirds/permits.htm>

USFWS Migratory Bird *REHABILITATION*

Permit # _____ Expiration Date _____

USFWS Migratory Bird *SPECIAL PURPOSE POSSESSION – EDUCATION PERMIT FOR LIVE BIRDS*

Permit # _____ Expiration Date _____

☐ N/A - I do not hold migratory birds for education.

5. *Species Information*

Please indicate the raptors you rehabilitate or are applying to rehabilitate by estimating the approximate number you are able to hold *at one time* (Capacity). **We understand capacity may vary according to age and time of year.**

SPECIES	Capacity	SPECIES	Capacity
SMALL FALCONS AND SMALL ACCIPITERS		MEDIUM TO LARGE FALCONS	
BUTEOS AND NO. GOSHAWK		SMALL OWLS	
EAGLES AND OSPREY		MEDIUM TO LARGE OWLS	

6. Training and Experience

Veterinarians: Please provide your Washington State Veterinary License Number: _____

Licensed Veterinary Technicians: Please provide your Washington State

 Licensed Veterinary Technician Number: _____

INITIAL applicants only: You must **demonstrate at least one hundred hours direct practice** with and handling of raptors by working or volunteering with a licensed Wildlife Rehabilitator or raptor veterinarian, or demonstrate equivalent training. Please complete the tables below to describe your experience working with raptors. **Provide at least one letter of recommendation from a facility in which you worked.**

Facility Name/Veterinary Clinic			Contact Person			Phone Number	
Dates worked		Approximate hours worked/day		Approximate total hours worked at this facility			
Animal care duties and percentage of time spent on this duty while at the facility:							
Diet prep/feeding	Cage cleaning	Transport or release	First Aid	Medical treatment	Restraint	Other: Explain	
List species with which you worked at this facility:							

Facility Name/Veterinary Clinic			Contact Person			Phone Number	
Dates worked		Approximate hours worked/day		Approximate total hours worked at this facility			
Animal care duties and percentage of time spent on this duty while at the facility:							
Diet prep/feeding	Cage cleaning	Transport or release	First Aid	Medical treatment	Restraint	Other: Explain	
List species with which you worked at this facility:							

Facility Name/Veterinary Clinic			Contact Person			Phone Number	
Dates worked		Approximate hours worked/day		Approximate total hours worked at this facility			
Animal care duties and percentage of time spent on this duty while at the facility:							
Diet prep/feeding	Cage cleaning	Transport or release	First Aid	Medical treatment	Restraint	Other: Explain	
List species with which you worked at this facility:							

Please describe on additional paper any other relevant experience, education, handling, etc. you have with raptors.

The following Sections 7, 8, 9, and 10 are for **RENEWAL applicants only**

7. SUB-PERMITTEES (people listed on your permit who care for wildlife under your direction in their home only during overflow, initial care emergency, or the need for 24-hour attendance, such as nestling care.

I do not have Sub-permittees on my Permit at this time ☐

Sub-permitee Name:	
Address:	
Home Phone:	Cell Phone:
e-mail Address:	
Sub-permitee Name:	
Address:	
Home Phone:	Cell Phone:
e-mail Address:	

8. CONTINUING EDUCATION

*Time spent training at or visiting for purposes of education other licensed facilities counts as CE, you must record that time below.

Title of Class/Workshop/Training/Meeting*	Dates Attended	Facilitator/Trainer/Teacher	City & State	Number of Hours

9. ADDITIONAL SPECIES I request that these raptors be added to my rehabilitation permit.

SPECIES	Capacity	SPECIES	Capacity

10. PROGRAM/EDUCATION ANIMALS you possess (use additional paper if needed). Additional education animals must be requested using the Education or Foster Animal – Live Wildlife Retention Form.

SPECIES	Number	SPECIES	Number

The MOU below, page 5, applies to this Wildlife Rehabilitation Permit application.

MEMORANDUM OF UNDERSTANDING

I, _____, hereby agree to all of the conditions outlined in WAC 232-12-275 and WAC 232-12-841 through WAC 232-12-867 and have read the most current NWRA/IWRC *Minimum Standards for Wildlife Rehabilitation*, and, to the best of my knowledge, meet all the guidelines as specified.

I understand that I cannot hold the Washington State Department of Fish and Wildlife liable for any injuries, illnesses, or damage to any person or property in connection with my wildlife rehabilitation permit and activities.

Furthermore, I agree to be responsible for any and all costs incurred in connection with my wildlife rehabilitation activities.

I understand that this permit is a privilege that may be revoked at any time for cause, and that I may be subject to inspection, at a reasonable time, without notification. I will abide by all conditions of the issued permit.

I understand that wildlife remains the property of the state and is subject to control by the state.

I hereby certify that this application for a wildlife rehabilitation permit is complete and accurate to the best of my knowledge. The making of false statements on this application may result in the denial or revocation of the Wildlife Rehabilitation Permit.

Signature

Date